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Facsimile Transmittal

DATE: April 25, 2006

TO: USPTO

ATTN: AMENDMENT

RE: Serial No. 10/630,516

FAX : 571-273-8300

FROM: Kenyon Jenckes

Number of Pages Sent: 13 (including this transmittal cover sheet)

ATTACHED HERETO PLEASE FIND AN RCE IN (1) PAGE; AN
AMENDMENT IN (10) PAGES; TRANSMITTAL FORM (1) PAGE;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (571) 273-8300. Attention Office of Amendments, on:

4/25/06

(Date of Deposit)

Darla D. Kinsmedo

(Name of the Person Making the Deposit)

(Signature)

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 030192
In Re Application of: D. Hansquine
Serial Number: 10/630,516
Filed: July 29, 2003
Examiner: Mary C. Baran
Group Art Unit: 2857

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Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entry Fee	Fee Paid
Total*	30	31	0	x \$50 =	\$0
Independent**	4	4	0	x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES <input type="checkbox"/> One Month <input checked="" type="checkbox"/> Two Months <input type="checkbox"/> Three Months				\$120	\$0
				\$450	\$450
				\$1020	\$
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$450

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$450.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 4/25/06

Signature: 

Kenyon Jerickes, Reg. No. 41,873
858-651-8149

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: 4/25/06

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Darla Kasmado
(type or print name)

Signature: 